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### Form **990-EZ**

Department of the Treasury Internal Revenue Service

For the 2008 calendar year, or tax year beginning

### Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

and ending

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2008

**Open to Public** inspection

Check if applicable Please C Name of organization D Employer identification number use IRS INTERNATIONAL BROTHERHOOD OF Address change label or ELECTRICAL WORKERS LOCAL 985 64-0411490 Name change print or Initial return type. Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number PO BOX 246 Termination 662-843-7488 Specific City or town, state or country, and ZIP + 4 Amended return Group Exemption Instruc-CLEVELAND MS 38732 Application pending Number Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method X Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) Check In the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Website: ▶ N/A Check > Organization type (check only one)— X 501(c) ( 5) ◀ (insert no ) 4947(a)(1) or 527 Check | | | if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **▶** \$ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 See Statement 1 89,163 Membership dues and assessments 3 Investment income 4 Gross amount from sale of assets other than inventory 5a 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line 1) Less direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7<u>a</u> SCANNED NOV Less cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe See Statement 2 8 3,670 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 95,041 9

Ö 14 Occupancy, rent, utilities, and maintenance 14 2 0 2010 15 1,206 Printing, publications, postage, and shipping 15 11,320 Other expenses (describe > See Statement 4 16 16 82,171 17 Total expenses. Add lines 10 through 16 17 12,870 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 209,812 19 20 Other changes in net assets or fund balances (attach explanation) 20 222,682 Net assets or fund balances at end of year Combine lines 18 through 20 21

See Statement

RECEIVED

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(B) End of year (See the instructions for Part II) (A) Beginning of year 22 Cash, savings, and investments 126,393 22 139,382 23 Land and buildings 83,891 83,891 23 24 Other assets (describe 24 210,284 25 Total assets 223,273 25 See Statement 5 26 Total liabilities (describe 472 591 26 222,682 209,812 Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and similar amounts paid (attach schedule)

Salaries, other compensation, and employee benefits

Professional fees and other payments to independent contractors

Benefits paid to or for members

Form **990-EZ** (2008)

56,299

9,697

3,649

10

11

12

13

11

12

13

INTERNATIONAL BROTHERHOOD OF Form 990-EZ (2008) 64-0411490 Page 2 Statement of Program Service Accomplishments (See the instructions for Part III.) **Expenses** What is the organization's primary exempt purpose? (Required for 501(c)(3) See Statement 6 and (4) organizations Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, and 4947(a)(1) trusts, describe the services provided, the number of persons benefited, or other relevant information for each program title optional for others ) 28 N/A (Grants \$ ) If this amount includes foreign grants, check here 28a 29 (Grants \$ If this amount includes foreign grants, check here 29a 30 (Grants \$ ) If this amount includes foreign grants, check here 30a 31 Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a) 32 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV) (b) Title and average (d) Contributions to (c) Compensation (e) Expense hours per week (If not paid, employee benefit plans 8 (a) Name and address account and devoted to position enter -0-.) deferred compensation other allowances WILLIE HASS GREENVILLE PRESIDENT 1189 COTTAGE DRIVE MS 38703 0 DOYLE CARPENTER CARROLLTON VICE-PRES RT 1, BOX 182-A MS 38917 TRAVIS ANDREWS BOYLE FIN-SEC 1187 GILBERT ROAD MS 38730 6,577 0 HARRY BURRELL CLEVELAND EXEC BD MEMB 1300 MEMORIAL DRIVE MS 38732 732 0

Form 990-EZ (2008)

DAA

Pa	ort V Other Information (Note the statement requirements in the instructions for	r Part VI.)			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
	description of each activity		_ 33		<u> </u>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"				
	attach a conformed copy of the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	not			l
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				İ
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, if	eporting,			l
	and proxy tax requirements?		35a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"				l
	complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	a	!		i
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or	were			i
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?		38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	b		-	
39	Section 501(c)(7) organizations Enter				ĺ
а	Initiation fees and capital contributions included on line 9	<del></del>			İ
b	Gross receipts, included on line 9, for public use of club facilities	b			ĺ
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				İ
	section 4911 ▶, section 4912 ▶, section 4955 ▶	<del></del>	_		1
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit t				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete the second second in the second	ete Schedule			i
	L, Part I		40b	-	——
С	Enter amount of tax imposed on organization managers or disqualified persons during				İ
	the year under sections 4912, 4955, and 4958				
d	Enter amount of tax on line 40c reimbursed by the organization		— I I		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			-	77
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed None		662-84	2 7	400
42a		Telephone no	002-04	3-/	400
	PO BOX 246	710 . 4 . 6	38732		
	Located at CLEVELAND, MS	ZIP+4 ▶	36/32		
b	At any time during the calendar year, did the organization have an interest in or a signature or other author	•	1	<b>v</b> 1	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	31	405	Yes	No X
	account)?		42b		<u> </u>
	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bai				ĺ
	and Financial Accounts.	TIK .			İ
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		X
·	If "Yes," enter the name of the foreign country		420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	<del></del>	<del></del>		►□
43	and enter the amount of tax-exempt interest received or accrued during the tax year	▶   43			
	and enter the amount of tax-exempt interest received of accided during the tax year	F 43			
			ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			162	,,,,,
**	Form 990-EZ		44		x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)	? If			_==_
7.5	"Yes," Form 990 must be completed instead of Form 990-EZ	••	45		x
			Form <b>99</b>	0-EZ	

<b></b>	7 7 7 7 7								490 .
Pa	rt VI	Section 501(c)(3) organizations only. All section 501	1(c)(3)	organız	ations must ar	swer question	s 46-	<b>-4</b> 9	
6	Oid the o	and complete the tables for lines 50 and 51.  organization engage in direct or indirect political campaign activities or	a bobolf o	f or in on	ecution to			Yes	No
.0		es for public office? If "Yes," complete Schedule C, Part I	i bellali C	л ог ш орг	DOSITION TO	•	46	res	No
7		organization engage in lobbying activities? If "Yes," complete Schedule	e C. Part	П			47		<del> </del>
8		ganization operating a school as described in section 170(b)(1)(A)(ii)?			Schedule F		48		$\vdash$
9a		organization make any transfers to an exempt non-charitable related o		•			49a		$\vdash$
b		was the related organization(s) a section 527 organization?					49b		一
0		e this table for the five highest compensated employees (other than o	fficers, di	rectors, tr	ustees and key en	plovees) who		<u> </u>	
	each rec	eived more than \$100,000 of compensation from the organization. If t	here is n	one, ente	"None"				
		(a) Name and address of each employee paid more than \$100,000	hours	and average per week	(c) Compensation	(d) Contributions to employee benefit plans &	ac	Expen	ınd
			devoted	to position		deferred compensation	othe	r allowa	inces
			<del> </del>						
		•							
			<u> </u>						
otal	number o	of other employees paid over \$100,000							
1	Complet	e this table for the five highest compensated independent contractors	who eac	h received	d more than \$100,0	000 of			
	compens	sation from the organization. If there is none, enter "None"							
	(a) N	lame and address of each independent contractor paid more than \$100,000		(b)	Type of service	(c) C	ompen	sation	
			- 1						
					<del></del>				
			- 1						
otal	number o	of other independent contractors each receiving over \$100,000	<b>•</b>		·				
		Under penalties of perjury, I declare that I have examined this return, including							
		and belief, it is true, correct, and complete Declaration of preparer (other than	officer) is b	ased on al	information of which	preparer has any kno	włedge		
Sig	i	Mais Hndrews			10-	15-10			
ler	e	Signature of officer TRAVIS ANDREWS		ETN	Date ANCIAL SE	~DEM3DV			
		Type or print name and title		FIRE	MICIAL SE	CRETARI			
		· · · · · · · · · · · · · · · · · · ·	1	Date	Check if	Preparer's Iden	hfvana Ni	ımber (S	Op Inctr )
Paid	,	Preparer's signature		10-14-	self-	_   `		•	-c 1113U )
	parer's				employed >	<del></del>			
	Only	Firm's name (or yours Jackson & Braswell, P	A				4-0	869	840
J96		if self-employed), P.O. Box 298				Phone	_04	2 4	E E E
Mari	the IDC 4	address, and ZIP + 4 Cleveland, MS 38732		-	<del> </del>			-	. <u>555</u>
way	ine iko 0	discuss this return with the preparer shown above? See instructions			<del></del>	<u>P</u>		es	No
						Fo	m <b>95</b>	1U-E4	(2008)

64-0411490

# **Federal Statements**

## Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description		Amount
· · · · · · · · · · · · · · · · · · ·	\$_	89,163
Total	\$_	89,163

### Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	 Amount			
MISCELLANEOUS INSURANCE CHECK	\$ 2,457 1,213			
Total	\$ 3,670			

			Purpose		
	nounts Paid	Date of Gift	FMV Explanation		
nts	-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Class of Activity	Book Value Explanation		
Federal Statements	t I, Line 10 - Grar	ship zation	Book Value		
Fede	orm 990-EZ, Par	Relationship to Organization	Noncash Contribution		
	Statement 3 - Form 990		Cash Contribution	56,299	56,299
64-0411490		Name and Address	Description of Property	IBEW LOCAL 605	Total

64-0411490

# **Federal Statements**

## Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount		
Expenses	\$		
TRAVEL REIMBURSEMENTS	1,969		
INSURANCE	1,178		
COPE DONATIONS	776		
COUNTY & CITY TAXES	3,007		
ELECTRICITY	1,496		
MISCELLANEOUS	1,569		
REPAIRS	1,325		
Total	\$11,320		

## Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year		
PAYROLL TAX LIABILITIES	\$ 472	\$	591
	 472		591

64-0411490

## **Federal Statements**

## Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

Int'l Brotherhood of Electrical Workers Local 985 is a labor union consisting of an association of electrical workers who have combined to protect the interest of the members by bargaining collectively with their employer to secure better working conditions, wages, etc. This organization does not have any net earnings benefiting from its members.

			<u> </u>
	Accumulated	o	
	En K	\$ 83,891	
ements	Accumulated Depreciation	⊙   	
Federal Statements	Form 990-EZ, Part II, Line 23 - Land and Buildings  Beginning Accumulated of Year Depreciation	83,891	,
0	Description	Ţ	
64-0411490	E	Total	•